

## **ADDENDUM – STATE OF COLORADO HIPAA NOTICE OF PRIVACY PRACTICES EFFECTIVE JULY 1, 2011**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Colorado Department of Personnel & Administration (DPA), on behalf of the State of Colorado (State), is committed to protecting the privacy of health information maintained by the self-funded group health Plan Sponsored by the State. In this notice, the terms your “medical information” or your “health information” mean personal information that identifies you and that relates to your past, present, or future physical or mental health; the provisions of health care services to you; or the payment of health care services provided to you. The terms “we,” “us,” and “our” in this notice refer to the following State of Colorado group health plan options:

- UnitedHealthcare Choice Plus,
- UnitedHealthcare High Deductible Health Plan with HSA,
- Flexible Spending Accounts (Medical and Dependent Care) and,
- Delta Dental Basic and Basic Plus Plans

The group health plan does not have Employees. It is administered by select State Employees and a third party administrator. For a more detailed explanation of the limited ways that State employees provide plan administration functions, please see the section below on Plan Sponsor.

This notice explains how we use your health information and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights. We are required to follow the terms of this notice until the notice is replaced. We reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide you with a copy of the new notice.

### **How We May Use Or Disclose Your Health Information**

Federal law allows us to use or disclose protected health information without your authorization for the purposes of treatment, payment, and health care operations.

**Treatment.** We may use and disclose information when communicating with your Physicians to help them provide medical care to you. For example, we might suggest to your Physician a disease management or wellness program that could improve your health.

**Payment.** We may use and disclose information about you so that the medical services you receive can be properly billed and paid. For example, we may need to give your insurance information to health care providers so they can bill us for treating you.

**Operations.** We may use and disclose information about you for our business operations. For example, we may disclose information about you to consultants who provide legal, actuarial, or auditing services. We will not disclose your health information to outside groups unless they agree in writing to keep it protected.

**Research.** We may use or disclose information to conduct research as permitted by the HIPAA privacy rule.

We may also use or disclose your health information for other health-related Benefits and services. For example, we may send you appointment reminders or information about programs that may be of interest to you, such as smoking cessation or weight loss.

There are also state and federal laws that may require or allow DPA to use or disclose your health information without your authorization. The examples below are provided to describe generally the ways in which we may use or disclose your information.

- To state and federal regulatory agencies;
- For public health activities;
- To public health agencies if we believe there is a serious health or safety threat;
- With a health oversight agency for certain activities such as audits and examinations;
- To a court or administrative agency pursuant to a court order or search warrant;
- For law enforcement purposes;
- To a government authority regarding child abuse, neglect, or domestic violence;
- With a coroner or medical examiner, or with a funeral director;
- For procurement, banking or transplantation of organs, eyes, or tissue;
- For specialized government functions, such as military activities and national security;
- Due to the requirements of state worker compensation laws.

### **The Genetic Information Nondiscrimination Act of 2008 (GINA)**

The Genetic Information Nondiscrimination Act prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. Genetic information as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. In general, this notice revises the HIPAA privacy regulation so it is consistent with the following:

- (1) Genetic information shall be treated as health information described in Section 1171 (4) (B) of the regulation;
- (2) The use or disclosure, by a covered entity that is a group health plan, health insurance issuer, or issuer of a supplemental policy, of protected health information that is genetic information about an individual for underwriting purposes under the group health plan, health insurance coverage, or supplemental policy shall not be a permitted use or disclosure; and
- (3) Employer-sponsored group health plans are prohibited from collecting genetic information prior to an individual's enrollment in a health plan (i.e., first day of coverage).

This does not include any requirements for genetic information imposed by plans for medical case management and claim adjudication. Plans may request only the minimum information necessary (for example, the plan may need to know that a participant underwent a specific genetic test – but may not need to know the actual test results in order to adjudicate a claim or progress to the next intervention in medical management).

Additional exceptions where plans or other covered entities or business associates can collect or require genetic information include:

- For purposes of certifying leave under the Family and Medical Leave Act (FMLA);
- To monitor workplace safety in appropriate industries;
- Under certain other circumstances presumably predicated on workplace safety or fitness-for-duty requirements specific to an occupational environment; and
- While conducting clinical research projects when health plans follow specific guidelines and notify the Secretary of Health and Human Services.

## Plan Sponsor

Health information may be disclosed to or used by the State, as Plan Sponsor. For example, We may disclose to the State, information on whether you are participating in, enrolled in, or dis-enrolled from a group health plan. We may also disclose to the State, as Plan Sponsor, health information necessary to administer the group health plans. For example, the State may need your health information to review denied claims, to audit or monitor the business operations of the group health plans, or to ensure that the group health plans are operating effectively and efficiently. We will not use or disclose your health information to the State for any employment-related functions. State employees who perform services to administer the group health plans are primarily, but not exclusively, in DPA's Division of Human Resources, Employee Benefits Unit. When State employees are conducting plan administration functions, they are acting as an administrator of the group health plans. Group health plan administrators will keep your health information separate from employment information and will not share it with anyone not involved in plan administration.

For us to use or disclose your health information for any reason other than those identified in this section ("How We May Use or Disclose Your Health Information"), we must get written authorization from you. You may revoke the authorization at any time, but your revocation must also be in writing. The revocation will not affect any uses or disclosures consistent with the authorization made prior to receipt of the revocation by DPA's HIPAA Compliance Officer.

## Your Rights

The following are your rights with respect to your health information.

***You have the right to ask us to restrict*** how we use or disclose your information for treatment, payment, or health care operations. All requests must be made in writing and state the specific restriction requested. We will try to honor your request, but we are not required to agree to a restriction.

***You have the right to ask to receive confidential communications*** of information. For example, if you believe you would be harmed if we send information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by telephone) or to an alternative address. We will accommodate a reasonable request if the normal method or disclosure could endanger you and you state that in your request. Any such request must be made in writing.

***You have the right to inspect and obtain a copy*** of information that we maintain about you in your designated record set. A "designated record set" is a group of records that may include enrollment, payment, claims adjudication, and case or medical management records. *However, you do not have the right to access certain types of information* such as psychotherapy notes and information compiled for legal proceedings. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

***You have the right to ask us to amend*** the information we maintain about you in your designated record set (as defined above). Your request must be made in writing and you must provide a reason for the request. If we agree to your request, we will amend our records accordingly. We will also provide the amendment to any person that we know has received your health information from us, and to other persons identified by you. If we deny your request, we will notify you in writing of the reason for the denial. Reasons may include that the information was not created by us, is not part of the designated record set, is not information that is available for inspection, or that the information is accurate and complete.

***You have the right to receive an accounting*** of certain disclosures of your information made by us during the six years prior to your request, but no earlier than July 1, 2005. We are not required to account for certain disclosures, such as disclosures made for purposes of treatment, payment, or health care operations, and disclosures made to you or authorized by you. Your request must be made in writing. Your first accounting in a 12-month period will be free. We may charge you a fee for additional accountings made within 12 months of the free accounting. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

***You have a right to receive a copy of this notice*** upon request at any time.

## **Contacts**

To exercise your rights, please contact UnitedHealthcare by calling the toll-free number on the back of your ID card. UnitedHealthcare will send you the appropriate form to exercise your rights and respond to your request.

For further information, to receive a copy of this notice, or if you believe your privacy rights may have been violated and you want to file a complaint, please contact Department of Personnel & Administration's HIPAA Compliance Officer by U.S. mail or by e-mail, as follows:

**U.S. Mail:** HIPAA Compliance Officer  
Colorado Department of Personnel & Administration  
Division of Human Resources  
1525 Sherman Street  
Denver, CO 80203

**E-mail:** [state\\_benefits@state.co.us](mailto:state_benefits@state.co.us)

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.

No action will be taken against you for exercising your rights or for filing a complaint.